Profile of Female Admissions to Treatment

Research & Evaluation Dept
Alcoholism & Drug Dependency Commission

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The information presented in the following report is based on data collected through the "Information Retrieval System" used throughout the Alcoholism and Drug Dependency Commission of New Brunswick, and compiled via data processing facilities at the University of New Brunswick.

Profile of Women in Treatment

In order to develop an understanding of the women who have admitted themselves to treatment Centres in the province, pertinent variables related to clients education, training, age marital status, etc., as well as information directly pertaining to their drinking behavior will be reviewed. To put this information into perspective, these characteristics will be compared to those reported by the male client population admitted to treatment during the same time period.

Demographics

In the 1981-82 fiscal year (April 1 81, March 31 82) 353 women were admitted to Treatment Centres of the N.B. Alcohol and Drug Dependency Commission. These females accounted for 11.4% of total admissions (3101) to Treatment Centres, up from 7.4% of total admissions for the previous year.

As can be seen in Table 1, total female admissions, and patient days for females were up compared to the previous year. Average length of stay was also up somewhat.

Table I

Provincial totals for Women in Treatment Centres

1980-81 and 1981-82.

	Admissions	Patient Days	Average Stay
1980-81	204	1315	6.4 days
1981-82	353	2507	7.1 days
Change	73%	91%	11%

Table II presents information in the same format for males admitted to treatment during the same period (April' 81 - March 1982). Note that there was also an increase in admissions, and Average Stay. However the increase was not to the same extent that was shown for females.

Table II

Provincial totals for Men in Treatment Centres

1980-81 and 1981-82.

	Admissions	Patient Days	Average Days
1980-81	2529	15306	6.1 days
1981-82	2748	16915	6.2 days
Change	9%	11%	2%

Of those admitted, 49% of the females had not been in treatment (detox) on a previous occasion, 89% had not been in Rehab program. Male admissions were more likely to have been in detox before, only 32% reported no previous admissions.

Women were more likely to be reported as requiring a medical exam. Seventy-two per cent of female admissions required medicals, whereas only 49% of male admissions required medical exams. This may reflect the fact that there were no more male recidivists who may have seen a doctor on a previous admissions.

Also, female admissions were more likely to be undergoing medical treatment at the time of admission (48% of admissions) than were male admissions (27% under medical care).

Twenty-four per cent (24%) of female admissions reported using medication related to their dependency, wheras only 16% of male admissions made this report. However, only 11% of both males and females reported using Antabuse.

Table IV shows the break down of both male and female treatment populations on the basis of marital status. It can be seen that males were slightly more likely than females to be single, and females were more likely to be widowed than males. However, both males and females were just as likely to be married, divorced, separated or living common law.

Table III shows the age distribution for both female and male admissions (April 1981 - March 1982). Note that there was a higher percentage of female admissions in the 19-29 years age group, (it is important to note at this time that the female population is small in comparison to the male group, and therefore the possibilty that the picture presented for women is distorted is increased.)

TABLE III

Age distributions for female and male admissions to treatment (April 1981-March 1982) given in percentages.

Age	Female	Male
Less than 18	2%	1%
19-29	26	12
30-39	21	23
40-49	19	24
50-59	25	24
60-65	6	10
greater than 65	2	7
	100%	100%
	N=353	N = 2748

TABLE IV

Distribution of female and male treatment population on the basis of marital status.

Status	Male	Female
single	32%	24%
married	29%	27%
divorced	13%	12%
separated	19%	22%
widowed	4%	13%
commonlaw	3%	4%
	100%	100%

More slightly females reported being active participators in religion than did male admissions.

Table V shows the breakdown of the treatment population in relation to educational level achieved.

TABLE V

Distribution of male and female treatment population on the basis of education.

Education	Male	Female
0-6 yrs	22%	19%
7-9 yrs	39	34
10-12 yrs	32	38
Business	1	3
Vocational	1	1
Technical	1	0
University	2	2
Univ graduate	1	1
Grad or Professional	1	2
	100%	100%

A large proportion of female admissions reported thier "training" to be a "homemaking" nature (38%). Table IV shows the distribution of the treatment popualtion on the basis of responses on the "Training" variable.

TABLE IV

Distribution of male and female treatment populations on the basis of "Training".

Training	Female	Male
homemaker	35%	1%
laborer	23	48
other	16	9
business	10	5
professional	2	4
trades	2	28
student	2	1
technical	2	5
	100%	100%

When reporting type of employment 29% of women responded that they were "homemakers" and 57% responded "other". In most cases the response of "other" means that the person is not employed.

Table VII summarizes the responses made to the "major financial support" question. Only 11% of females reported that a job was their major means of support. However 29% of male admissions reported the "job" as their means of support. A fairly large proportion (18%) of female admissions were dependent on a spouse to support them.

TABLE VII

Distribution of Male and Female treatment population on the basis of "financial support".

Support	Male	Female
Public Asst	33%	43%
Spouse	1%	18%
Job	29%	11%
Pension	16%	10%
UIC	12%	4%
	100%	100%

Income is a variable of particular interest. While 50% of male admissions reported $0-$400 income per month, 70% of female admissions reported $0-$400 per month, 20% more.

Table VIII shows the distribution of the male and female treatment population in relation to the income per month variable.

TABLE VIII

Distribution of male and female treatment populations on the basis of income per month.

Income	Male	Female
none	6%	18%
$400 or less	44%	52%
$600 or less	20%	16%
$800 or less	11%	8%
$1200 or less	12%	5%
more	7%	2%

Behavioral Characteristics

The drinking behavior of these female admissions to the Commission's Treatment Centres should also shed some light on who these women are, and their group characteristics.

Table IX presents the distribution of "age of first drink" for both male and female admissions. A high proportion of female admissions reported having their first drink at a later age than did the males.

TABLE IX

Distribution of male and female treatment population on the basis of reported "age of first drink".

Age	Male	Female
18 yrs or less	79%	51%
19-29	19%	32%
30-39	2%	12%
40-49	1%	4%
50-59	1%	1%
60-65	1%	0%
	100%	100%

However, the "age at which drinking became problem" variable does not show a similiar pattern, females reported developing the problem at ages similiar to, or perhaps a bit younger than the males.

This is interesting when one considers that these women were generally older when they began drinking. Table X shows the distribtion of populations on the basis of the "age of drinking became a problem."

TABLE X

Distribution of Male and Female treatment population on the basis of the "age drinking became a problem."

Age	Male	Female
18 or less	18%	24%
19-29	39%	26%
30-39	23%	21%
40-49	13%	19%
50-59	5%	9%
60-65	2%	0%
over 65	0%	1%
	100%	100%

Sixteen per cent (16%) of female admissions reported at least one mental health visit in the month prior to admissions, where as only 6% of male admissions reported this.

Fifty-four per cent (54%) of females reported one medical visit in the month prior to admission, while only 38% of male admissions reported a medical visit.

Approximately 8% of females reported a conviction in the month prior to admission. This is similar to the proportion of males reporting convictions during that time period (9%).

Forty-eight per cent (48%) of female admissions drank everyday; 84% reported never being absent from work; 64% reported drinking in the morning; 63% reported memory lapses; 9% reported seizures, 29% reported having hallucinations; 21% reported experiencing D.T.'s. On all of these variables, females responses were very similar to those responses reported by male admissions. A similar proportion of females had also reported attendance at AA (62%).

However, more females reported quarrelling while drinking than did males, and fewer females reported drinking on the job. Also of interest is the fact that 71% of female admissions reported using a drug other than alcohol, while only 45% of males made the same report.

Services Rendered

Both male and female admissions were as likely to receive the following services: detox; family therapy; medical care; AA services. However, female admissions were more likely than males to recieve individual care, group therapy and chemotherapy.

Reasons for Separation

The majority of persons admitted to treatment centres leave because treatment was completed. This holds for both males and females. Table XI shows the breakdown of the treatment population on the basis of "reason for separation". Note that the patterns are similar for both males and females.

TABLE XI

Distribution of male and female treatment popuation on the basis of reported "reason for separation".

Reason for Separation	Male	Female
Treatment completed	72%	75%
Terminated by Staff	2%	2%
Client transfered	7%	5%
Terminated by Client	19%	19%
	*100%	100%

*3% miscoded

Referral Target

At termination of a client's stay in treatment, the treatment staff make recommendation for referral of client to sources further help. Female admissions were more likely than males to be referred to Out-Patient care, and a physician. They were less likely than a male to be referred on to AA.

Profile of Female Admissions

With respect to the information previously presented, it is possible to draw a profile of the typical woman admitted to the Treatment and Rehab programs of the Alcoholism and Drug Dependency Commission of New Brunswick.

The woman admitted to a Drug Treatment Centre in the province is probably similar in age to the typical male admitted. She is less likely than the typical male to have been in the detox program before, however she is considerably more likely to have been under some other sort of medical care prior to admission .

The typical female admission is more likely to be married or to have been in a situation where she was married one time. She is probably not employed and depends upon a spouse or public assistance for her income. Her income is generally lower than that of a typical male client.

She probably began drinking at an older age than the typical male admissions, although she developed a problem at about the same age as the male. Therefore, it probably took less time for her to develop a problem with alcohol than did the male.

She is twice as likely as the male to have seen a doctor in the month prior to admission, and is more likely than the male to be using some drug other than the alcohol.

Women in Rehab

Demographics

Female admissions to the Commissions rehabilitation programs reflect characteristics similar to those admitted to treatment. Fifty-nine (59) female admissions were made to rehab programs during the Fiscal year April 1981 - March 1982. This compared to 348 males in the rehab program during the same time period. Females made up to 14% of the admissions and accounted for 17% of total patient days in rehab.

Table XII presents a comparison of the number of admissions, patient days, and average stay for women in rehab in 1980-81 and 1981-82.

TABLE XII

Provincial totals for Women in Rehab - April-Sept. 1980-1981.

	Admissions	Patient Days	Average Stay
80-81	44	1030	23.4 days
81-82	59	1480	23.7 days
Change	34%	36%	1%

Table XIII presents similar information for the male admissions Rehab as a means for comparison.

TABLE XIII

Provincial totals for male admissions to Rehab - Apr-Sept 1980 & 1981.

Apr-Sept	Admissions	Patient Days	Average Stays
80-81	242	5298	21.9
81-82	348	7325	21.0
Change	10%	6%	-4%

Because of the small number of females in the rehab population, female admissions will not be compared to male admissions, but rather will be looked at in terms of the female treatment population.

A greater percentage of females entering Rehab were reported as requiring a medical exam and receiving one. Fewer of these rehab admissions reported being currently under medical care.

Over one half (64%) of the females admitted to rehab reported using Antabuse, whereas only 11% of the female treatment population made that report.

The distribution of the female population in Rehab on the basis of maritial status was similar to that of those in treatment. However, on the education variable it appears that those in Rehab reported a higher educational level than those in Treatment.

TABLE XIV

Distribution of Education attained-comparison of Females admitted to Rehab & Treatment programs.

Education	Treatment	Rehab
0-6 yrs.	19%	2%
7-9 yrs.	34%	34%
10-12 yrs.	38%	54%
Business	1%	2%
Technical	3%	2%
1-4 yrs. Univ.	2%	3%
Univ. Degree	1%	2%
Grad. or Prof.	1%	2%

Women admitted to Rehab tended to be somewhat younger than those admitted to Treatment programs.

TABLE XV

Distribution of Age groups- comparison of females admitted to Rehab & Treatment programs.

Age	Treatment	Rehab
18 yrs or less	1%	0%
19 to 29	26%	29%
30 to 39	20%	19%
40 to 49	19%	19%
50 to 59	25%	22%
60 to 65	6%	2%
over 65	2%	0%

The "type of employment" variable and the "financial support" variable show distributions very similar to that of female admissions to treatment. However, those entering Rehab show a tendency toward higher monthly incomes. See Table XVI

TABLE XVI

Take home income- comparison for females in Rehab and Treatment.

Income	Treatment	Rehab
none	18%	5%
$400 or less	52%	34%
$600 or less	16%	31%
$800 or less	8%	15%
$1200 or less	5%	10%
more	2%	5%

Behavioral Characteristics

On most variables relating to the Behavioral characteristics of female admissions there was little difference between rehab & female admissions: ie, number of mental health visits; social service visits; medical visits; number of convictions. However on the "age of first drink" variable, those females admitted to rehab reported a younger "age of first drink". The "age drinking became a problem" variable also showed a tendency toward being lower.

On variables relating directly to drinking (morning drinking, memory lapses, quarrelling,etc.) both rehab and treatment admissions reported very similar patterns. However, while only 38% of treatment admissions reported attending AA, 78% of those in Rehab made that report.

Services Rendered

Female admissions to Rehab received services in a similar proportion to those received in Treatment on most variables. However, Rehab admissions were much more likely to receive chemotherapy, and more likely to receive medical treatment.

As far as referral targets, Rehab women were more likely than treatment to be referred to out-patient counselling,and more likely to be targeted for chemotherapy.

The "reason for separation" variable showed that Rehab admissions were more likely to complete treatment and less likely than the treatment admissions to terminate by themselves.

Summary

In comparison to the women in treatment, the woman referred on to a rehabilitation program is likely to have more education. Her monthly income is higher and she is probably younger than the typical woman in treatment. She also began drinking at a younger age and developed a "problem" younger.

She is more likely to complete the program & is more likely to use Antabuse. She also reports attending AA. Following the program she will be more likely to be referred on the out-patient counselling.